

- Asterisk (*) Items: Completion – Optional

- Green Shaded Items: Data reported at ENTRY which remains unchanged during the participant’s entire registration period

- Complete an ALP ADDENDUM–CONTINUED REGISTRATION for each additional program year of the participant’s registration period

Program Provider Code 82130	Provider Name ROMULUS ADULT EDUCATION / ROMULUS COMMUNITY SCHOOLS	Registration Date
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Local Student Number	*Social Security Number _____ - _____ - _____	*UIC Number
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Participant Name Last	First	MI	*Maiden Name
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Address	City	State	Zip Code	County
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<input type="checkbox"/> Check if no address	Phone Number	Alternate Phone Number	Email Address
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Date of Birth (mm/dd/yyyy)	Age	Place of Birth (City and State, or City and Country)	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female
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*Alternate Contact Info (Individual not living in the household)		Relationship to Participant		Eligibility/ID Verification on File: <input type="checkbox"/> Driver License <input type="checkbox"/> Birth Certificate <input type="checkbox"/> Passport <input type="checkbox"/> Transcript <input type="checkbox"/> Other (_____)
Last Name	First Name			
Address	City	State	Zip Code	

Phone Number	Email
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Number of Pre School-Aged Children (age 0-5): _____	ETHNICITY Hispanic/Latino: <input type="checkbox"/> Yes <input type="checkbox"/> No	HIGHEST DEGREE OR LEVEL OF SCHOOL COMPLETED AT ENTRY (INDICATE IF US OR NON-US)	LABOR STATUS
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Number of School-Age Children (K-12): _____	RACIAL GROUP (Select one or more that apply) <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White	Select one: <input type="checkbox"/> No Schooling <input type="checkbox"/> Grades 1-5 <input type="checkbox"/> Grades 6-8 <input type="checkbox"/> Grades 9-12 (no diploma) <input type="checkbox"/> HS Diploma/alternate credential <input type="checkbox"/> High School Equivalency Certificate <input type="checkbox"/> Some postsecondary, no degree <input type="checkbox"/> Postsecondary or professional degree <input type="checkbox"/> Unknown	Select one: <input type="checkbox"/> US Based Schooling <input type="checkbox"/> Non-US Based Schooling	<input type="checkbox"/> Employed <input type="checkbox"/> Employed, Received Termination Notice or Military Separation <input type="checkbox"/> Unemployed <input type="checkbox"/> Not in the Labor Force
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BARRIERS (select all that apply) <input type="checkbox"/> Disabled <input type="checkbox"/> Learning Disabled <input type="checkbox"/> Cultural Barriers (specify: _____) <input type="checkbox"/> Current/Prior Foster Care Youth <input type="checkbox"/> Dislocated Worker	<input type="checkbox"/> Displaced Homemaker <input type="checkbox"/> English Language Learner <input type="checkbox"/> Exhausting TANF w/in 2 Years <input type="checkbox"/> Ex-Offender <input type="checkbox"/> Homeless <input type="checkbox"/> Living in a Rural Area	<input type="checkbox"/> Long-Term Unemployed (27+ weeks) <input type="checkbox"/> Low Income <input type="checkbox"/> Low Levels of Literacy <input type="checkbox"/> Migrant/Seasonal Farm Worker <input type="checkbox"/> Receiving Public Assistance <input type="checkbox"/> Single Parent	SUPPORT SERVICES (select all that apply) <input type="checkbox"/> Transportation <input type="checkbox"/> Child Care <input type="checkbox"/> Other (specify: _____)
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INSTRUCTIONAL AREA (select all that apply) <input type="checkbox"/> Adult Basic Education (0-8.9) <input type="checkbox"/> Adult Secondary Education (9-12) <input type="checkbox"/> English as a Second Language <input type="checkbox"/> High School Diploma (<input type="checkbox"/> MMC) <input type="checkbox"/> High School Equivalency	FUNDING ELIGIBILITY (select all that apply) <input type="checkbox"/> WIOA Title II <input type="checkbox"/> General Instruction <input type="checkbox"/> Institutional <input type="checkbox"/> IELCE <input type="checkbox"/> State School Aid-Section 107 <input type="checkbox"/> State School Aid-Section 107 Pilot <input type="checkbox"/> Other Funding Source (specify: _____)	PROGRAM TYPE (select all that apply) <input type="checkbox"/> Correctional Facility <input type="checkbox"/> Community Correctional Program <input type="checkbox"/> Other Institutional Setting <input type="checkbox"/> Family Literacy Program <input type="checkbox"/> Workplace Literacy Program <input type="checkbox"/> GED to School <input type="checkbox"/> None of the above	<input type="checkbox"/> Integrated Education and Training Training Type: _____ Provider: _____ Postsecondary Level Training <input type="checkbox"/> Yes <input type="checkbox"/> No
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HIGH SCHOOL DIPLOMA CREDITS AT ENTRY	
# of Transferable HS Diploma Credits Previously Earned	
# of Credits Required for Completion of HS Diploma by District	

NUMBER OF ACTUAL HSE TESTS PREVIOUSLY PASSED AT ENTRY		
GED	HiSET	TASC

Signature _____

Date _____

Participant Name:

ASSESSMENTS (ATTACH ADDITIONAL ASSESSMENT PAGES AS NEEDED DURING A PARTICIPANT'S REGISTRATION)

- Talent Investment Agency approved assessments: CASAS, TABE CLAS-E, TABE 9/10 (Survey or Complete Battery) and GAIN
- Only one pre-test and one post-test is recorded in MAERS for a participant (The post-test is the last test administered during the program year)
- The pre-test and post-test assessment SCALE scores must fall within the designated range allowed for the test given
- Pre-test must be administered prior to any instruction being provided
- Post-test must be administered according to the latest Office of Adult Services' Assessment Policy
- TABE 9/10 Locator is required for new participants. TABE CLAS-E Locator and CASAS Appraisal are highly recommended. Locator and Appraisal cannot be used as an official pre- or post-test.

PROGRAM YEAR:		SELECT ONE: <input type="checkbox"/> TABE 9/10 <input type="checkbox"/> TABE CLAS-E <input type="checkbox"/> GAIN <input type="checkbox"/> CASAS (Indicate Series: _____)					
	Date Test Administered	# of Instructional Hours Since Last Test	Module	Form/Form No.	Scale Score	EFL	Grade Level (if applicable)
PRE-TEST		N/A					
POST-TEST							

PROGRAM YEAR:		SELECT ONE: <input type="checkbox"/> TABE 9/10 <input type="checkbox"/> TABE CLAS-E <input type="checkbox"/> GAIN <input type="checkbox"/> CASAS (Indicate Series: _____)					
	Date Test Administered	# of Instructional Hours Since Last Test	Module	Form/Form No.	Scale Score	EFL	Grade Level (if applicable)
PRE-TEST		N/A					
POST-TEST							

Participant Name:

ASSESSMENTS (ATTACH ADDITIONAL ASSESSMENT PAGES AS NEEDED DURING A PARTICIPANT'S REGISTRATION)

- Talent Investment Agency approved assessments: CASAS, TABE CLAS-E, TABE 9/10 (Survey or Complete Battery) and GAIN
- Only one pre-test and one post-test is recorded in MAERS for a participant (The post-test is the last test administered during the program year)
- The pre-test and post-test assessment SCALE scores must fall within the designated range allowed for the test given
- Pre-test must be administered prior to any instruction being provided
- Post-test must be administered according to the latest Office of Adult Services' Assessment Policy
- TABE 9/10 Locator is required for new participants. TABE CLAS-E Locator and CASAS Appraisal are highly recommended. Locator and Appraisal cannot be used as an official pre- or post-test.

PROGRAM YEAR:		SELECT ONE: <input type="checkbox"/> TABE 9/10 <input type="checkbox"/> TABE CLAS-E <input type="checkbox"/> GAIN <input type="checkbox"/> CASAS (Indicate Series: _____)					
	Date Test Administered	# of Instructional Hours Since Last Test	Module	Form/Form No.	Scale Score	EFL	Grade Level (if applicable)
PRE-TEST		N/A					
POST-TEST							

PROGRAM YEAR:		SELECT ONE: <input type="checkbox"/> TABE 9/10 <input type="checkbox"/> TABE CLAS-E <input type="checkbox"/> GAIN <input type="checkbox"/> CASAS (Indicate Series: _____)					
	Date Test Administered	# of Instructional Hours Since Last Test	Module	Form/Form No.	Scale Score	EFL	Grade Level (if applicable)
PRE-TEST		N/A					
POST-TEST							

Participant Name: _____

PARTICIPANT GOALS: Select as many goals as applicable and the program year(s) the goal was selected.		PARTICIPANT OUTCOMES: Identify ALL outcomes achieved by this participant and the program year(s) the outcome was achieved	
GOALS	Program Year(s) Goal Selected	OUTCOMES ACHIEVED	Program Year(s) Outcome Achieved
PRIMARY MEASURES			
Educational Gain (Required Goal) - Must select one: <input type="checkbox"/> Improve Basic Literacy Skills (non-ESL programs) <input type="checkbox"/> Improve English Skills (ESL programs)		<input type="checkbox"/> <input type="checkbox"/>	
<input type="checkbox"/> Function at or Above 9 th Grade Level (ABE Only)		<input type="checkbox"/>	
<input type="checkbox"/> Achieve English Language Proficiency (ESL Only)		<input type="checkbox"/>	
<input type="checkbox"/> Pass One or More Official HSE Test		<input type="checkbox"/>	
<input type="checkbox"/> Obtain HS Diploma Credit		<input type="checkbox"/>	
<input type="checkbox"/> Obtain a High School Equivalency Certificate		<input type="checkbox"/>	
<input type="checkbox"/> Obtain a HS Diploma		<input type="checkbox"/>	
<input type="checkbox"/> Enroll in Postsecondary Education		<input type="checkbox"/>	
<input type="checkbox"/> Attain Postsecondary Credential		<input type="checkbox"/>	
<input type="checkbox"/> Obtain Employment		<input type="checkbox"/>	
<input type="checkbox"/> Retain Employment		<input type="checkbox"/>	
SECONDARY MEASURES			
<input type="checkbox"/> Left Public Assistance		<input type="checkbox"/>	
<input type="checkbox"/> Achieve Citizenship Skills		<input type="checkbox"/>	
<input type="checkbox"/> Increase Involvement in Children's Education		<input type="checkbox"/>	
<input type="checkbox"/> Increase Involvement in Children's Literacy-Related Activities		<input type="checkbox"/>	
<input type="checkbox"/> Vote or Register to Vote		<input type="checkbox"/>	
<input type="checkbox"/> Increase Involvement in Community Activities		<input type="checkbox"/>	

HIGH SCHOOL DIPLOMA CREDITS AT EXIT	
Total # of HS Diploma Credits Earned at Exit	_____

NUMBER OF ACTUAL HSE TESTS PASSED AT EXIT		
GED	HiSET	TASC
_____	_____	_____

EXIT STATUS (END OF SERVICE): The participant Exit Status is reported when the participant has exited from all adult education services.

Select one of the following:

Completed – Participants who completed the instructional period and/or made an educational gain or achieved their goal, and do not plan to continue in the program.

Separated Before Completion - Participants who separate from the program prior to the end of a program year and did not receive services for 90 days, without having made an educational gain or achieved their goal. If this exit status is selected, a Reason for Separation is required and you must select the appropriate option from the list provided. Check all that apply.

<input type="checkbox"/> 24-hour Support Facility*	<input type="checkbox"/> Incarcerated*	<input type="checkbox"/> Moved
<input type="checkbox"/> Called to Active Duty*	<input type="checkbox"/> Lack of Dependent Child Care Resources	<input type="checkbox"/> No Longer Incarcerated
<input type="checkbox"/> Deceased*	<input type="checkbox"/> Lack of Interest/Instruction Not Helpful	<input type="checkbox"/> Time and/or Location of Services Not Feasible
<input type="checkbox"/> Entered Employment	<input type="checkbox"/> Lack of Transportation Resources	<input type="checkbox"/> Work Conflict
<input type="checkbox"/> Family Problems	<input type="checkbox"/> Medical Treatment for 90 or more consecutive days*	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Illness/Incapacity/Pregnancy		

*Excluded from MSG and outcome reporting

Exit Status Date: _____

VERIFICATION OF PARTICIPANT INVOLVEMENT: The participant was actively involved in the development of this ALP and, with counseling from the adult education provider, was actively involved in selecting appropriate goals.

Verified By:	Name of Agency Official	Title of Agency Official	Date
_____	_____	_____	_____